

Inspection Date	02/20/2001
Time Start	1500 (3PM)
Time Finish	03/12/2001
	(1300) IPM

HAZARDOUS WASTE INSPECTION REPORT ☑ GENERATOR ☐ S Q GENERATOR

ame of Inspector	shen: Puzio	
ame & Title of Responsib	le Official Edward Brock, Senior U	lice President of Manufacturin
erson Interviewed Shart	nen J. Stannick, E.H. S. Monage T	elephone (618) 266-0500-
ailing Address (if differen	t from above) SAME	
mount of Hazardous Was	ste Generated per Month: >2200* Por	undsKgs
Site Characterization	* periodic generator	
	tainer 🔲 Tanks 🔲 Containment Bldg. 🔲 Drip	
PBR: X Neu	tralization/WWTP Reclaim	Other
		Containment Bldg.
Universal Waste:	Large-Quantity Handler Small Quantity H	iandler
		10.00
Universal Waste T	ypes fluorescent lumps	
Universal Waste Tra	ansporters:	DA-AH BOK
Universal Waste Transporter Name	Freehold Cartage I Inc.	icense Number PA - AH ØØ6
Universal Waste Transporter Name Transporter Name	Erechold Contage I Inc. Dart Trucking Conpage	icense Number PA-AH Ø215
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name	Dart Trucking Company Salety Kloon System	icense Number PA-AH Ø 215 icense Number PA-AH Ø 17
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name	Erechold Contage I Inc. Dart Trucking Conpage	icense Number PA-AH Ø 215 icense Number PA-AH Ø 17
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Transporter Name	Dart Trucking Company Salety Kloon System	icense Number PA-AH Ø 215 icense Number PA-AH Ø 17
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name	waste generated and destination facility (location)	icense Number PA-AH Ø 21° icense Number PA-AH Ø 17 on & type). Destination Facility
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Transporter Name	waste generated and destination facility (locations) Waste Description	icense Number PA-AH Ø 21° icense Number PA-AH Ø 17 on & type). Destination Facility
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Transporter Name	waste generated and destination facility (location of the Selvent and hydrocalic fluid from equipment	cense Number PA-AH 9215 icense Number PA-AH 9215 on & type). Destination Facility Conservation & CA
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Types of hazardous Waste Code Døø/ Føø3, Føø3	Waste Description Waste Selvent and hydroulist Solvent 1000 Parished Hydroulist Solvent and hydroulist Solvent 1000 Parished Huid From Equipment	Destination Facility Cancel Caservation & CA CAD 69338 6814 Von Rell America
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Transporter Name	Waste Description Free hold Contage I Inc. Dart Trucking Conpage Solde Kloen Septime Waste Description Waste Description Fluid From Equipment Solvent 1000 Will Methilese Chlorida	Destination Facility Cancel Coservation & CA CAD & 9338 & 814 Von Rell America OHD 98 & 613541
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Types of hazardous Waste Code Døø/ Føø3, Føø3	Waste Description Waste Selvent and hydroulist Solvent 1000 Parished Hydroulist Solvent and hydroulist Solvent 1000 Parished Huid From Equipment	Destination Facility Comical Conservation of CA CAD & 9338 & 814 Von Rall America OHD 98 & 613541 Environmental Enterprises
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Types of hazardous Waste Code Døø/ Føø/ Føø/ Føø/	Waste Description Free hold Contage I Inc. Dart Trucking Conpage Solde Kloen Septime Waste Description Waste Description Fluid From Equipment Solvent 1000 Will Methilese Chlorida	Destination Facility Cancel Coservation & CA CAD & 9338 & 814 Von Rell America OHD 98 & 613541
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Transporter Name Types of hazardous Waste Code Døøl Føøl, Føø3 Types of hazardous	Waste Description Free hold Contage I Inc. Dart Trucking Conpage Solde Kloen Septime Waste Description Waste Description Fluid From Equipment Solvent 1000 Will Methilese Chlorida	Destination Facility Comical Conservation of CA CAD & 9338 & 814 Von Rall America OHD 98 & 613541 Environmental Enterprises
Universal Waste Transporter Name Transporter Name Transporter Name Transporter Name Types of hazardous Waste Code Døøl Føøl, Føøl Døøl Døøl	Maste Description Waste Description Fluid From Equipment Solvent 1000 Parished Waste Description Waste Description	Destination Facility Comical Conservation of CA CAD & 9338 & 814 Von Rall America OHD 98 & 613541 Environmental Enterprises

HAZARDOUS WASTE INSPECTION REPORT GENERATORS - SMALL QUANTITY GENERATORS

Site Name B Brown Medical ID Number PAD 98 2679 169 Date 09 20 20 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS LINE FED. CIT. PA CIT. 25 PA Code 40 CFR NO. REQUIREMENT 1 2 3 4 H001 Hazardous waste determination performed on all waste 262a.10 262.11 streams 262.12 H002 262a.10 í Identification Number H003 262.12(c) 262a.10 Authorized transporters only H004 262a.12(b) Subsequent notification requirements met H005 262.21 262a.10 Proper manifest used H006 262a.20 Manifests filled out correctly and completely H007 262.23 262a.23(a) Manifests signed and routed properly 1 H008 262.34(a) Generator waste accumulated on site for 90 days or less 262a.10 4 SQG waste accumulated on site for 180 days max unless H009 262.34(e)(f) 262a.10 200 mile distance rule applies - 270 days H010 262.34(e)(f) SQG waste accumulated on-site never exceeds 6000 kg 262a.10 3 262.34(c) H011 262a.10 Satellite accumulation requirements complied with H012 262.34(a)(4) Personnel training program per 265.16 complied with 262a.10 262.34(d) H013 Manifest exception and biennial reports retained for 3 years 262.40(a)(b) 262a.10 H014 262.40(c) 262a.10 Specified records retained for three years Biennial reports submitted to the Department (LOG only) H015 262.41 262a.41 H016 262.42 262a.42 Exception reporting procedures followed 3 H017 262.34(d) 262a.10 Spill reporting procedures followed H018 262.34(a) 262a.10 PPC plan developed and implemented H019 262.50 Special requirements followed for international shipments 262a.10 262.60 H020 Source reduction strategy prepared and available (LQG 262a.100 H021 Excluded waste complies with exclusionary requirements 261.4 261a.4

HAZARDOUS WASTE INSPECTION REPORT GENERATORS - SMALL QUANTITY GENERATORS **FACILITY SPECIFICS**

Site Name B Brown Medical ID Number PAD 98767169 Date 02/20/2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance STATUS PA CIT FED CIT. LINE 25 PA Code 40 CFR NO. REQUIREMENT 1 2 3 4 CONTAINERS (Subchapter I) Containers managed in compliance with 40 CFR Part 265 H025 262a.10 262 34 Subpart I and 25 PA Code Chapter 265a Subchapter I H026 Containers of hazardous waste in good condition 265a.1 265.171 3 H027 265.172 265a.1 Containers and stored waste compatible 265.173(a) H028 Containers kept closed except during addition or removal 265a.1 of wastes 265.173(b) H029 265a.1 Containers managed to prevent leaks 3 H030 265a 173 Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment H031 Container storage areas inspected at least weekly 265.174 265a.1 265,176-177 H032 265a.1 Special requirements for ignitable or reactive and 3 incompatible waste complied with H033 Procer containment and collection systems in place 265a.179 3 H034 265.178 Air emission standards complied with (AA, BB, CC) 265a.1 H035 262.34(a)(2) Containers clearly marked with accumulation date and 262a.10 visible for inspection H036 262a.10 262.34(a)(3) Containers labeled "Hazardous Waste" H037 SWMA Containers labeled accurately identify contents 6018,403(b)

HAZARDOUS WASTE INSPECTION REPORT GENERATORS - SMALL QUANTITY GENERATORS **FACILITY SPECIFICS**

Brown Medical 10 Number PAD 982679/69 Date 03/20/2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	NO.
LQG TANKS (Subchapter J)			
s labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
en certification by registered professional engineer oper tank (system) design and installation on file	262a.10	265.192(a)	H041
ndary containment provided for tanks (systems) as red	265a.193	265.193	H042
s (systems) managed to prevent rupture, leak, de or fail	265a.1	265.194	H043
s labeled to accurately identify contents	265a.194		H044
ired inspections completed and documented in ting log	265a.195	265.195	H045
ase reported to Department within 24 hours, unless	265a.1	265.196	H046
ial requirements for ignitable and reactive wastes	265a.1	265.198	H047
ial small quantity generator requirements	265a.1	265.201	H048
SQG TANKS			
e contents compatible with tank	265a.1	265.201(b)(2)	H05
vered tanks operated with 2 feet of freeboard or valent containment capacity	265a.1	265.201(b)(3)	H05
ntinuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H05
tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H05
kly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H05
aste removed at closure	265a.1	265.201(d)	H05
ial requirements for ignitable or reactive waste	265a.1	265.201(e)(1)	H05
ered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H05
npatible waste requirements met	265a.1	265.201(f)	H05
		K Duller Zone requirements complied man	k bullet zone requirements complied with

INSPECTION REPORT COMMENTS

Date of Inspection	02 26 2001		PAD 982679169
Company/Facility/Site Nan	ne B Braux	Medical #I	AC a
I conducted	d an inspectio	o of B Bras	in Medical, Inc.
David Laver	of the freither	Stancick, Wend	ley Boois and
large auntily	able Medical des	ozardono unste	, Manufactures
follow up site	visit was con	ducted on Ma	vol 7,2001 to
review Site	March 12, 2001	port was con	plated at the
During to F	February 20, 7001	site inspection	, the hozanlesses
Stange area	who located	on to east s	side of the
Freelite Cust	outside of le	main building	The Storage
area containe	ed Uninteen (13)	, 55 gc 00m d	rums of hazardos
waste. In	addition to the	drums, app	or twelve (12),
Clear boos d	D hazardous w	cote (solvent rag	s) were laying
on the aroun	of next to	te containmen	+ pallet used
to hold he	szanland waste	solvent. The	bags didn't
have any	hazardara wat	o & identificat	ion labels on them
Sergeral of	le logge were	partly apa	- the largest
of the storage	the drums diff	debus such co	pollets, made
inspection of	ter drums diff	icut. The bags	of solvent
ropo blacker	1 inspection of	the drums in	He containment
polleto The	facility also p	laced empty o	ontainers in
the storage	palleto and a	'ree hoor of	waste in the
This inspection report is n	otice of the findings of an inspecti	on conducted by a representative	e of the Department. This report is
formal notification of any violate either violations noted herein, or This report does not con:	tions observed during the inspection other violations identified as a resustitute an order or other appealal	on. Additional notification of volution of volution of laboratory analyses ble action of the Department.	iolations may be issued concerning
Signature by the person	nity from legal action for any violati interviewed does not necessaril is shown the report or that a copy w	y imply concurrence with the	findings on this report, but does
Person interviewed (signa	iture)	Date	03/0/01
Inspector (signature)	Sde And	Date	21/15

Page <u>5</u> of <u>10</u>

INSPECTION REPORT COMMENTS

Date of Inspection	02/20/2001	Identification Number	PAD 982679 169
	ame B Brown		
4			
The empty	containers in	addition to a	IW (red bag)
which was	located between	the two contain	ers of pasculous
Wrote Soluer	t, preunted a	tyll inspection	of the drums
of hazardows	waste.		
During 100 in	itial inspection or	02/20/2001	6 failite was
1 17 1-	and do married	a dammalina	Shot II.
Oppumula his	storage area	was being ins	Destad. During
10. Pillania	visit on 03/07	Land it Tim	discovered
Ilad do	faility had not	has conducting	1 201
4774 40	TORILITY TIGHT TIOT	Deers Concurring	the This
Inspections of	on the storage	iver since 10/11	0120000
1.4	ant documented	age in the ins	spection record
For this Cu	Pal		
The facility	y was unable	to locate the	current (Islest)
Sidne se	turtion Strategies	for the hozarden	waste streams.
otto furil.	does how a	Company waste	minimization
Ole on a	has reduced.	8	L bezardezea
pion and	rated . The fait	L. Should insu	Source
Codulingerer	Stickgies are e	ALL C	last add and
recuichon	THEHORD GIE 6	omploted for occas	hazarceus
worke Stre	sent to this	b the source re	duction strategies
should be	sent to this	inspectore	
The facilit	u Should send	Unis inspector	documention.
on the	annual updates	For les person	relationes west
This inspection second i	s notice of the findings of an inspec	tion conducted by a representative	of the Department This report is
formal notification of any vie	olations observed during the inspec	tion. Additional notification of vi	olations may be issued concerning
	, or other violations identified as a re onstitute an order or other appea		
deemed to grant or imply imn	nunity from legal action for any viola	tion noted herein.	
	on interviewed does not necessal was shown the report or that a copy		indings on this report, but does
knowiedye mat me person	was shown the report of that a copy	vias iert with the person.	
Person interviewed (sig	nature) //d///m	Date	03/12/01
nspector (signature)	Sales	Date	63/12/2001
		. The Droppinson	
		Recycled Paper	Page 6 of 12

INSPECTION REPORT COMMENTS

Date of Inspection	02 20 2001	Identification Number	PAD 982679169
Company/Facility/Site Na	ame B Brau	n Medical, Inc.	•
The following	ng containers	were located i	n the
bazardous velue (12) bag	s Solvent r	lation storage area	ant labels)
_		Phosphate Crystalne	
		deres unoto	
	dated 101	03/2000	
ne (1) drum	'Catch All Do		
	labled hoza	mores waste	
		9/2000	
(2) drums	waste so	. ,	
Ton contains	1 1 1 1	anderes waste	
Pollet		10/12/2000	
10000		10/12/2000	
H(8) drums	'Solvent rag	1	
In Cox arms		indous waste	
		10/03/2002	
		10/05/2003	
		12/17/2000	
	3)	12/19/2000	
	5)	12 29 12000	
		1 15 2001	
) 1/3/201	
	7,) 111(2001	
1 ()	10 101	1 1 31 2001	
Mell drum	Expired ()	emicals (non-b	ozondens waste
- 1			

INSPECTION REPORT COMMENTS

Date of Inspection 03 20 2001	Identification Number PAD 98 36 79 169
Company/Facility/Site Name B Brown M	ledical
Violations	
1.) B Brown Medical accu	mulated hazarderes waste
onsite for more than	90 days in violation of
40 CFR Pot262.34(9) 95 i	acorporated by 25 PA code
Chapter 2620.10. Five	(5) drums of hazardus
waste have been accumul	citing ansite for more than
90 days.	
20) B Brown Medical Failed	to manage containers
of hazandores waste in	compliance with 40 CFR
Part 265 Support I and 25	PA code Chapter d65a Jubchapter
I in violation of 40 C	=R Part 262.34 as incorporated
by 25 PA codo Chapter 2620	. 10. (See vielshion below)
3.) B Brown Medical failed	to keep containers of
hozardina i vasto closed pro	est during addition of temore
· whote in violation of 4	O C.FR Part 265-173 (a) GD
incorporated by 25 PAC	one Chapter dos as I a Deveral
plastic bago of hazardous was	to that contained solvent trags
livere partly open during	the 2/20/2001 site inspection.
4.) B Brown Medical Failed	to insure proper container
configuration and specing f	for sale menergement and
acress for inspection purpose	t in violation of 25 PA
code Chapter 265 a. 173.	Bags of hoscarlous waste
This inspection report is notice of the findings of an inspection	conducted by a representative of the Department. This report is
formal notification of any violations observed during the inspection either violations noted herein, or other violations identified as a result	of review of laboratory analyses or Department records.
This report does not constitute an order or other appealable deemed to grant or imply immunity from legal action for any violation	e action of the Department. Nothing contained herein shall be noted herein.
Signature by the person interviewed does not necessarily knowledge that the person was shown the report or that a copy was	imply concurrence with the findings on this report, but does
Person interviewed (signature)	m Date 03/12/01
Inspector (signature)	Date 03 12 2001
(/ 0	Page 8 of C

INSPECTION REPORT COMMENTS

	09/90/9001			D 982679 169
Company/Facility/Site	Name B Brasa	Medical Inc		
Violations (
	aisles and a	man to con	Mainers c	2
hazandiya	unote in the	accumulation 5	berage are	as
			9	794
5) R B	roup Medical.	fooled to in	nspect 1	lo
	waste accume			
in Wiels	Hon of 40 C	ER Part 265	174 00	incocporated
L 20 0	A Code Chapter	2150 / To	£ .: 1:1.	han not
by as r	1 line unable	1 000 1100 0	la stra	or or or The
pom cun	ducting weekly	In spections of	46 Othick	or constant
	mented inspection			
on Och	ober 16,2000.			
() 0 5	2 4,0	0111	120.1	0.0
	Brown Medical			
	in Standards u			
in Viole	ation of 40 CF	R Part 065, 178	os inc	erparated by
25 PA C	odo Chapter 265	a . l . Dovera	l bags	2 hezardous
waste 5	iduent rogs we	re partly of	on .	
	Braun Medical			
of haza	rdore worte with	h accumulation	n dates	in violation
8 400	CFR Part 262.341	(a)(z) as inc	orporated	by.
J5 PA C	odo Chapter 262	9. 10. Appear	twelve (1	2) begs
of solue	int rogs lacked	a occumul	lation das	0.
U	V			
8.) B E	Braun Medical	failed to lab	el contai	ners of
hazardere	a weste with	a hazardon	o waste	label
This inspection sone	rt is notice of the findings of an in	exaction conducted by a requ	resentative of the	Denartment This report is
formal notification of any	violations observed during the in	spection. Additional notifica	ation of violations	may be issued concerning
	ein, or other violations identified a ot constitute an order or other ap			
deemed to grant or imply i	mmunity from legal action for any	violation noted herein.		
	person interviewed does not nec son was shown the report or that a			on this report, but does
evirtuge biot are pers	on the state of th			
Person interviewed (s	ignature)	Tom	Date	03/12/67
nspector (signature)	Jacobs The		Date	03/12/2001
	, 8			0 10

INSPECTION REPORT COMMENTS

Date of Inspection O3 20 2001 Identification Number PAD 983679169
Company/Facility/Site Name Braun Modica D. Inc.
Violations (continue)
in violation of 40 CFR Part 262.34 (a)(3) as incorporate
by 25 PA code Chapter 2620-10. Appear tueling (12)
bogs of solvent rags lacked a hozarders wester
label and the second se
THE PARTY OF THE P
9.) B Brown Medical failed to accurately Identify
The contents of containers of hozordones waste
Stored in the accumulation area in violation of
SWMA 6018 .403 (6)(2). Approx hareline (12)
bogs of solvent roops looked any identification Islants
logs of someth need locked and treet affection Russ
A.
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning.
either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.
Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does
knowledge that the person was shown the report or that a copy was left with the person.
Person interviewed (signature)
Inspector (signature) Stephen The Date 03/2/2001

Page 10 of 10

Transporter [] Non-Transporter [] Non-Transp	AD982679	1.10	Non-Notifier Y		
States: PA ZECOSE 18103 - 9341 States: PA ZECOSE 19103 - 93		1 .6 .1 If YES, to	ne handler section	must be complete	od.
States: States: A Encode B B B B B B B B B	B Braun	Medical ,I	-nc-	S STANIS	party that the
JUNITY OF COUNTY CODE INVERSE CHANGE REQUIREDS. YESE NO. Section Report S. Stance Indicate the new RCRIS Generator Universal (a): Indicate the new RCRIS Generator Universal (a): Indicate the new RCRIS Generator Universal (b): Indicate the new transporter status: Transporter (1): You must check at least one of the booss Mark Mode of Transportation Indicate the new transporter status: Transporter (1): You must check at least one of the booss Mark Mode of Transportation Indicate the new transporter status: Transporter (1): You must check at least one of the booss Mark Mode of Transportation Indicate the new transporter status: Transporter (1): You must check at least one of the booss Mark Mode of Transportation Indicate the new transporter status: Transporter status: Transporter (1): You must check at least one of the booss Mark Mode of Transporters one to broads Indicate the new transporters status: Transporter status: Transpo	901 Marcon B	lyd -	- B. 19	11 11 11 11	19/9/2/20
Contains Supple Contains Co	ty. Allenlara	State	DA:	Zip Code	10.00 00
Non-Transporter 1	ounty or County Code /	1	Contac		18103-7341
Indicate the facility's current Universe(s): Indicate the new RCRIS Generator Universe: INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CONTROL OF THE SCRIPP CEG [] INDICATE AND CEG []		A VEST I NO ANT		Stephe	n 5. Stancich
Indicate the new RCRIS Generator Universe: AC [] SGG [] CEG [] White the new RCRIS Generator Universe: AC [] SGG [] CEG [] White the new RCRIS Generator Universe: AC [] SGG [] CEG [] White the new RCRIS Generator Universe: AC [] SGG [] CEG [] White the new RCRIS Generator Universe: AC [] SGG [] CEG [] White the new RCRIS Generator Universe: AC [] SGG [] CLOSED [] White the new RCRIS Generator Universe: Mark Mode of Transportation I ARE AN ID estinate changes must be bunded by the nuise season of the boxes Mark Mode of Transportation I ARE AN ID estinate changes must be bunded by the nuise season of the boxes Mark Mode of Transportation I ARE AN ID estinate changes must be bunded by the nuise season of the boxes Mark Mode of Transportation I ARE AN ID estinate changes must be bunded by the nuise season of the boxes Mark Mode of Transportation I ARE AN ID estinate changes are the nuise of the boxes Mark Mode of Transportation I ARE AN ID estinate changes are transportation of the boxes Mark Mode of Transportation I ARE AN ID estinate of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I Division of the boxes Mark Mode of Transportation I ARE I ARE I Division of the boxes Mark Mode of Transportation I ARE		The state of the s			ICRA Non-Notifier
Indicate the new RCRIS Generator Universe: Or [] SQG [] CEG [] NHANDLER [] CLOSED [] NHANDLER [] CLOSED [] ONHANDLER [] CLOSED [] ONHA	Indicate the facility's current Universe(s):	III. Indicate			
NHANDLER [] CLOSED [] Mank Mode of Transportation Art Ar	Indicate the new RCRIS Generator Universe:			m 11/8/19 19 15	
Date Number Agency Type Reason Branch Person P.A.S.D.P.	og [] sog [] ce	id [1]	A S	CUTTE	intly listed in RCRIS as a
A So senter designed must be tracked by the state		[] [] Air	. 1 1W	ater	ports hazardous waste.
Date Number Agency Type Reason Branch Person P.A.S.D.P. AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable) GGR	OTE: All TSD activities changes must be handled by the state data coordinator and cannot be made using this from:			rier	
AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable) GGR	ALUATION Add Char	ige Delete			
AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable) GGR	Date Number			ason Bran	nch Person
GGR E GSC TWD DGW DOR DWP BRR FEA GLB E GSQ DCH DLB DPB DIN BPS CSS GMR E GEX DCL DLF DPP DIA BIS UOR GOR E TGR DCP DLT DSI DPS BCE SCC E GPT TMR DFR DMC DTR DOP BDT GRR E TOR DGS DMR DTT DMI CAS COMMENTS VIOLATIONS COVERED BY ABOVE EVALUATIONS BROCK Number Area Date Determined Agency Number Area Date Determined ACC AGENCY Number Area Class Regulation Type Regulation Citation GEG R I REGULATION COVERED BY ABOVE EVALUATION PROCESS OF THE PROCES	0:3 3:0 0:1	5 0 6	711		_ P.A.S.D.P.
GLB E GSQ DCH DLB DPB DIN BPS CSS GMR E GEX DCL DLF DPP DIA BIS UOR GOR E TGR DCP DLT DSI DPS BCE SCC E GPT TMR DFR DMC DTR DOP BDT GRR TOR DGS DMR DTT DMI CAS COMMENTS VIOLATIONS COVERED BY ABOVE EVALUATION BITT ANDING VIOLATIONS COVERED BY ABOVE EVALUATION CONTROL Number Area Date Determined Agency Number Area Date Determined AGENCY Number Area Class Regulation Type Regulation Citation GEG R I RETURNED BY AGENCY EVALUATION CONTROL NUMBER AREA CLASS REGULATION TYPE REGULATION CONTROL NUMBER AREA DATE DETERMINED Date Determined Priority Branch Person Scheduled Actual OCOMPILIANCE SCHEDULED ACTUAL TYPE REGULATION SCHEDULED ACTUAL TYPE REGULATION COMPILIANCE SCHEDULED ACTUAL TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE	AREAS OF EVALUATION	(E - Evaluated N	E - Not Evalua	ted NA - Not	Applicable)
GMR GEX DCL DLF DPP DIA BIS UOR GOR E TGR DCP DLT DSI DPS BCE SCC F GPT TMR DFR DMC DTR DOP BDT GRR TOR DGS DMR DTT DMI CAS COMMENTS VIOLATIONS COVERDED ABOVE EVALUATION BICK Number Area Date Determined Agency Number Area Date Determined EATION ACID CRAINS COVERDED ABOVE EVALUATION GROWN Number Area Date Determined Agency Number Area Date Determined EATION ACID CRAINS COVERDED ABOVE EVALUATION GROWN Number Area Date Determined Agency Number Area Date Determined GROWN Number Area Date Determined Agency Number Area Date Determined EATION ACID CRAINS COVERDED ABOVE EVALUATION GROWN Number Area Date Determined Agency Number Area Date Determined FINAL OF THE PROPERTY OF	GGR E GSC TWD	DGW	OR DW	P BRI	R FEA
GMR GEX DCL DLF DPP DIA BIS UOR GOR GETGR DCP DLT DSI DPS BCE SCC GET GPT TMR DFR DMC DTR DOP BDT GRANGE TOR DGS DMR DTT DMI CAS COMMENTS VIOLATIONS COVERED BY ABOVE EVALUATION BRICK Number Area Date Determined Agency Number Area Date Determined DATE DATE DATE DATE DATE DATE DATE DATE	GLB E GSQ DCH	DLB	PB DI	N : BP	Cee
GOR E TGR DCP DLT DSI DPS BCE SCC E GPT TMR DFR DMC DTR DOP BDT GRR E TOR DGS DMR DTT DMI CAS COMMENTS VIOLATIONS COVERED BY ABOVE EVALUATION Ency Number Area Date Determined Agency Number Area Date Determined AGENCY Number Area Date Determined Agency Number Area Date Determined EATION Add Charge Delete Elikitra Bove Evaluation (ANN Y) Gency Number Area Class Regulation Type Regulation Citation G:G:G:R					
GPT TMR DFR DMC DTR DOP BDT GRAND DOP DOP DOP DOP DOP DOP DOP DOP DOP DO			DPP : DI	A : BIS	UOR
GRR E TOR DGS DMR DTT DMI CAS Comments Violations Date TSTANDING-VIOLATIONS-COVERED BY ABOVE EVALUATION ancy Number Area Date Determined Agency Number Area Date Determined LATION Add Changs Delete Finktor Above Evaluation (Change Date Determined Date Determined Date Determined Delete Determined Delete Determined Delete Determined Delete Determined Delete Determined Delete D	GOR E TGR DCP	DLT	DSI DP	S BC	scc E
TSTANDING-VIOLATIONS COVERED BY ABOVE EVALUATION ancy Number Area Date Determined Agency Number Area Date Determined Link to Above Evaluation Type Bency Number Area Class Regulation Type Regulation Citation G:G:R Date Determined Priority Branch Person Scheduled Actual O: 3 3:0 0:1 P.A.S.D.P.	GPT TMR DFR	DMC	TR DO	P BD	
TSTANDING-VIOLATIONS COVERED BY ABOVE EVALUATION ancy Number Area Date Determined Agency Number Area Date Determined Link to Above Evaluation of the Area Class Regulation Type Regulation Citation G:G:R Date Determined Priority Branch Person Scheduled Actual O:30:00:1 P.A.S.D.P.	GRR E TOR DOS	nwa .			
TSTANDING VIOFATIONS COVERED BY ABOVE EVALUATION ancy Number Area Date Determined Agency Number Area Date Determined			III LII DN	II L. CA	
Pancy Number Area Date Determined Agency Number Area Date Determined Agency Number Area Date Determined Agency Number Area Date Determined		NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN			K. 187
EATION Add Change Delete Fink of Above Evaluation (N) Y gency Number Area Class Regulation Type Regulation Citation G.G.R. I House Part 262.34a, Returned to Compliance Scheduled Actual O. 3 3.0 0.1 P,A,S,D,P.		The second of th	Control of the Contro		THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
Priority Branch Person Scheduled Actual			i i	i Alea	Jate Determined
Priority Branch Person Scheduled Actual					
Priority Branch Person Scheduled Actual					
Priority Branch Person Scheduled Actual					
Priority Branch Person Scheduled Actual					
Priority Branch Person Scheduled Actual					
G:G:R I 40 CFR Part 262.34a, Returned to Compliance Scheduled Actual PAS D.P. I I I I I I I I I I I I I I I I I I	EATION Add Chang	加 Delete		Linktovabove	Evaluation 2 YAN Y
Date Determined Priority Branch Person Scheduled Actual	gency Number Area	Class Regulat	ion Type Regu	lation Citation	
Date Determined Priority Branch Person Scheduled Actual	S GGR		4	CFR F	art 262.34a.
0 3 3 0 0 1 P,A,S,D,P, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rete Between to the total	the sales	I heart Na	Returned t	o Compilance
				cheduled	Actual
A was some a second of the sec	The state of the s		יוטיבי		

P.A.D. 9.8. 0.6.7.9.1.6.9 B Brown Medical 07/97 VERSION VIOLATION Add Change Delete Evaluation 201	1.
Agency Number Area Class Regulation Type Regulation Citation 5	
comments Forled to properly manage containers of hozardous waste	
VIOLATION Add X Change Delete Link to Above Evaluation (VIN)	YES
Agency Number Area Class Regulation Type Regulation Citation S GGR I 40 CFR Port 265-17 Returned to Compliance Scheduled Actual OPASAP COMMENTS Failed to Keep Conteness Closed	36),
VIOLATIONS AddiX Change Delete LinktotAbove Evaluation (VII)	172
Date Determined Priority Branch Person Scheduled Actual Priority Branch Person Scheduled Actual P.A.S.D.P. Comments Failed to insure proper Comforcer configuration and Special Comments.	
Date Number Agency Type Branch Person Attorney I	
Penalty Type Penalty Amount Multimedia Enforcement Codes (Place an 'X' next to all that apply)	
NOTE: To record activities for Supplemental Environmental Projects (SEPs) or to add penalty payment Information, use the Supplemental Enforcement Form.	
Comments	
VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION Agency Number Area Date Determined Agency Number Area Date Deter	mined
Agency Number Area Date Determined Agency Number Area Date Deter	
	1:

Salahan Salaha

PAD	989679167	B Brown Medical Mar VERSION	1. 4
Agency		Celetel Einleto Above Evaluation (V/N) ass Regulation Type Regulation Citation	ayh
5	GGR	1 40 CFR Part 262.34	
		Returned to Compliance	
	Date Determined Priority Bran	nch Person Scheduled Actual	_
	033001	P,A,S,D,P	J,
Comm	nents Fooled to properly	" moneye containers of herenters waste	
VIOLATIC	ON Add Change	Delete Link to Above Evaluation (7N)	イ協
Agency			
5	G:G:R	40 CFR P. + 265 , 173	(a)
	Date Determined Priority Bran	Returned to Compliance nch Person Scheduled Actual	
,	033001	P,A,S,D,P,	
Commo	nents Fouled to keep	confeiners closed	_
/IOLATIC	ONE Add X Change	Delete Paleto Above Evaluation / Vivi	Y
Agency		Regulation Type Regulation Citation	
5	G.G.R.	1 25 PA Codo Chapter 265a.	173
	Date Determined Priority Bran	Returned to Compliance nch Person Scheduled Actual	
	03/30/01	P.A.S.D.P.	7
Comm	nents Failed to insure 6	proper confiner conficuration and spar	cinc
Collina	lents I talled to Tribute to	proper Controller Controller Ind Spec	
ENFORCE	EMENT Add Change Dele		***
. D:	Date Number Agency	Type Branch Person Attorney In	itials
	با لنالك		نب
*	Docket Number [1 1		•
Penalty '	Type Penalty Amount	Multimedia Enforcement Codes	
	S	(Place an 'X' next to all that apply)	
	\$	EPCRA LL UIC	- 50
NOTE: T	To record activities for Supplemental	FIFRA WATER SPCC WETLANDS	
Environm	mental Projects (SEPs) or to add penalty pa tion, use the Supplemental Enforcement Fo	ayment TSCA PCB	ti Kal
344			
Commen	nts		
	ONS COVERED BY ABOVE ENEORCE	THE VICTORIAN	F-20 11
VIOLATIC			
		termined Agency Number Area Date Determ	nined
			nined
Agency			nined
			nined
			nined

ADDITIONAL VIOLATIONS FORM

PLEASE ATTACH TO EVALUATION - VIOLATION - ENFORCEMENT FORM

Handler ID Number Handler Name
PAD 98 4679 169 B Braun Medical
VIOLATION Add X Change Delete Link to Above Evaluation? (VN) V
Agency Number Area Regulation Type Regulation Citation G:G:R 40 CFR Part 365.174
Data Determined Priority Branch Person Scheduled Actual Oid 2001 PASDP Returned to Compliance Actual PASDP Comments Failed to inspect Storage area weekly
VIOLATION Add Change Delete Link to Above Evaluation? (VIN)
CHIR TO ADOVE EVALUATION (1)(N)
Agency Number Area Regulation Type Regulation Citation Sicic Fract 265.178 Returned to Compliance
Date Determined Priority Branch Person Scheduled Actual
comments Failed to insure Air Emission Standards Met
VIOLATION Add Change Delete Delete Link to Above Evaluation? (YN)
Agency Number Area Regulation Type Regulation Citation 40 CFR Part 262.34(a)(2) Returned to Compliance
Date Determined Priority Branch Person Scheduled Actual
comments tailed to mark accumulation dates on containers
VICLATION Add Change Delete Unk to Above Evaluation? (Y)N)
Agency Number Area Regulation Type Regulation Citation 40 CFR Part 262, 34(a)(3)
Date Determined Priority Branch Person Scheduled Actual
comments Failed to place hazarders waste labels on containers
VICLATION Add Change Delete Link to Above Evaluation? (Y/N)
Agency Number Area Regulation Type Regulation Citation
Returned to Compliance Date Determined Priority Branch Person Scheduled Actual
Comments